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| PATENT APPLICATION FEE DETERMINATION RECORD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |                                                                                                                                                                                                                               |                                    | Application or Docket Number<br>10/685,990 | Filing Date<br>10/14/2003 | <input type="checkbox"/> To be Mailed |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|---------------------------|---------------------------------------|
| Substitute for Form PTO-875                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |                                                                                                                                                                                                                               |                                    |                                            |                           |                                       |
| APPLICATION AS FILED – PART I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                                                                                                                                                                                                                               |                                    |                                            |                           |                                       |
| (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | (Column 2)                                                                                                                                                                                                                    |                                    | SMALL ENTITY <input type="checkbox"/>      |                           | OTHER THAN SMALL ENTITY               |
| FOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NUMBER FILED           | NUMBER EXTRA                                                                                                                                                                                                                  |                                    | RATE (\$)                                  | FEES (\$)                 |                                       |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | N/A                    | N/A                                                                                                                                                                                                                           |                                    | N/A                                        |                           | N/A                                   |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(b), (f), or (m))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | N/A                    | N/A                                                                                                                                                                                                                           |                                    | N/A                                        |                           | N/A                                   |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(c), (g), or (j))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | N/A                    | N/A                                                                                                                                                                                                                           |                                    | N/A                                        |                           | N/A                                   |
| TOTAL CLAIMS<br>(37 CFR 1.16(j))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 20 minus 20 =          | 0                                                                                                                                                                                                                             |                                    | X \$ =                                     |                           | X \$16 = 0                            |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3 minus 3 =            | 0                                                                                                                                                                                                                             |                                    | X \$ =                                     |                           | X \$86 = 0                            |
| <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(e))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                                    |                                            |                           |                                       |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                                                                                                                                                                                               |                                    |                                            |                           |                                       |
| * If the difference in column 1 is less than zero, enter "0" in column 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        |                                                                                                                                                                                                                               |                                    |                                            |                           |                                       |
| APPLICATION AS AMENDED – PART II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                                                                                                                                                                                                                               |                                    |                                            |                           |                                       |
| (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | (Column 2)                                                                                                                                                                                                                    |                                    | (Column 3)                                 |                           | OTHER THAN SMALL ENTITY               |
| AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 11/09/2007             | CLAIMS REMAINING AFTER AMENDMENT                                                                                                                                                                                              | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA                              | SMALL ENTITY              | OR                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Total (37 CFR 1.16(h)) | - 20                                                                                                                                                                                                                          | Minus ** 20                        | = 0                                        | RATE (\$)                 | ADDITIONAL FEE (\$)                   |
| Independent (37 CFR 1.16(h))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | - 3                    | Minus ***3                                                                                                                                                                                                                    | = 0                                | X \$ =                                     | OR X \$50= 0              |                                       |
| <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                                                                                                                                                                                                                               |                                    |                                            | X \$ =                    | OR X \$210= 0                         |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |                                                                                                                                                                                                                               |                                    |                                            |                           | OR                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                                                                                                                                                                                                                               |                                    |                                            | TOTAL ADD'L FEE           | TOTAL ADD'L FEE 0                     |
| * Column 1 is the sum of all claims remaining after the amendment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |                                                                                                                                                                                                                               |                                    |                                            |                           |                                       |
| ** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                                                                                                                                                                                                                               |                                    |                                            |                           |                                       |
| *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                                                                                                                                                                                               |                                    |                                            |                           |                                       |
| **** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        |                                                                                                                                                                                                                               |                                    |                                            |                           |                                       |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                                                                                                                                                                                                                               |                                    |                                            |                           |                                       |
| This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. |                        |                                                                                                                                                                                                                               |                                    |                                            |                           |                                       |
| If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                                                                                                                                                                                                                               |                                    |                                            |                           |                                       |

Legal Instrument Examiner:  
/GERALDINE STANLEY/